

Practitioner's Docket No. VTY2002-01RM*PATENT**3 mo
Lar Gy*

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:	McCarthy, Jeannette		
Application No.:	10/043,715	Group No.:	1631
Filed:	01/09/2002	Examiner:	M.A. Moran
For:	Diagnosis and Treatment of Vascular Disease		

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith for this application is/are:
 - a. This Amendment Transmittal which includes a request for extension of time (2 pages) (in duplicate); and
 - b. Amendment and Response (8 pages).

STATUS

2. Applicant is other than a small entity.

PETITION FOR EXTENSION OF TIME

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(3)) for a three month extension:

Fee: \$ 950.00

CERTIFICATION UNDER 37 C.F.R. SECTIONS 1.8(a) and 1.10*

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

deposited with the United States Postal Service in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.
37 C.F.R. SECTION 1.8(a)

37 C.F.R. SECTION 1.10*

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TRANSMISSION

transmitted by facsimile to the Patent and Trademark Office. 703-872-9306

Kerri Pollard Schray

Signature

Kerri Pollard Schray

(type or print name of person certifying)

Date: 15 April 2004

*WARNING: Each paper or fee filed by "Express Mail" must have the number of the "Express Mail" mailing label placed thereon prior to mailing. 37 C.F.R. section 1.10(b). "Since the filing of correspondence under section 1.10 without the Express Mail mailing label thereon is an oversight that can be avoided by the exercise of reasonable care, requests for waiver of this requirement will not be granted on petition." Notice of Oct. 24, 1996, 60 Fed. Reg. 56,439, at 56,442.

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Extension fee due with this request \$950.00

If an additional extension of time is required, please consider this a petition therefor.

FEE PAYMENT

5. Charge Account No. 501668 the sum of \$950.00 (which includes the \$950.00 extension fee and the \$0.00 additional fee for claims). A duplicate of this transmittal is attached.

FEE DEFICIENCY

6. If any additional extension and/or fee is required, charge Account No. 501668.
If any additional fee for claims is required, charge Account No. 501668.

7. Correspondence Address
Direct all future correspondence to:

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OR

Intellectual Property Department
MILLENNIUM PHARMACEUTICALS, INC.
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Cambridge, MA 02139

15 April 2004

MILLENNIUM PHARMACEUTICALS, INC.

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